

MONTANA CHILDREN'S TRUST FUND

TO: ALL LOCAL, NON-PROFIT AGENCIES THAT PROVIDE
PRIMARY AND SECONDARY PREVENTION SERVICES

FROM: MONTANA CHILDREN'S TRUST FUND

DATE: March 28, 2008

RE: REQUEST FOR FULL GRANT PROPOSALS for State Fiscal Year
2009, beginning July 1, 2008 and ending June 30, 2009.

The Montana's Children's Trust Fund is a leader and voice for child abuse and neglect prevention programs statewide. The Montana Children's Trust Fund (CTF) Board announces the availability of an estimated \$200,000 to providers of primary and secondary prevention services for child maltreatment activities. Funding will be offered for:

- 1) Local Community-based Programs (\$15,000.00 maximum grant award);
- 2) Family Resource Centers: (\$30,000 maximum grant award);
- 3) **Early Childhood Comprehensive System Development:** (\$40,000 maximum annual funding for a period of 5 years- PILOT PROGRAM.) Priority areas for this funding in Montana are Fergus County, Silver Bow County, or Beaverhead County.

GRANT FUNDS FROM THE CTF MUST BE USED SOLELY FOR THE PURPOSE OF PRIMARY AND SECONDARY CHILD ABUSE AND/OR NEGLECT PREVENTION SERVICES TO RESIDENTS OF MONTANA AND MAY NOT BE EXPENDED FOR TREATMENT OR TERTIARY PREVENTION. See definitions. Families shall not be mandated or placed into programs funded by the CTF. Funded services must be entirely voluntary in nature.

THE APPROVED GRANT AWARDS ARE DEPENDENT UPON FINAL APPROVAL OF STATE AND FEDERAL FUNDING LEVELS. Applicants are advised that the CTF granting process is competitive and grants will be awarded in varying amounts, based upon the need, availability, and the review of the grant applications.

The Request for Proposals (RFPs) provides instructions regarding the completion of a grant application to the CTF. Applications must be postmarked and mailed via certified mail or hand delivered and receipted **no later than 5:00 p.m., Friday, May 02, 2008. Please send original and 8 copies of the proposal. Faxed or e-mailed applications will not be accepted. Late applications will not be considered.** Applicants will be notified in writing by **Friday, June 6, 2008**, of the approval or denial of their proposal.

Please make note that all responses to this Request for Proposal are required to reference 0810029SR when submitting their proposals for consideration.

TABLE OF CONTENTS

| | |
|---|--------------|
| INFORMATION FOR APPLICANTS..... | 1 |
| Intent of the Request for Full Grant Proposals..... | 1 |
| Purpose for the Funding | 2 |
| Who May Apply..... | 2 |
| Definitions..... | 3 |
| Background..... | 6 |
| CONTENTS AND FORMAT OF GRANT PROPOSALS | |
| Letter of Transmittal..... | 8 |
| Abstract..... | 8 |
| Table of Contents..... | 8 |
| Introduction..... | 8 |
| Statement of Need..... | 8 |
| Goals and Objectives..... | 9 |
| Methods..... | 9 |
| Evaluation..... | 11 |
| Qualifications of Program Staff..... | 11 |
| Organizational Capability Statement..... | 11 |
| Budget..... | 12 |
| ASSURANCES/CERTIFICATIONS..... | 14 |
| Certifications/Assurances..... | 14 |
| OMB Audit Requirement..... | 14 |
| SELECTION PROCESS..... | 14 |
| Questions and Answers..... | 14 |
| Availability of Proposals..... | 14 |
| CHILDREN’S TRUST FUND BOARD EVALUATION PROCESS | 15 |
| Evaluation Criteria..... | 15 |
| AWARDING OF THE CONTRACT..... | 16 |
| Process..... | 16 |
| Worker’s Compensation/Independent Contractor’s Exemption..... | 16 |
| Expectations..... | 16 |
| Quarterly Reports..... | 17 |
| Subcontracting..... | 17 |
| Insurance..... | 18 |
| Format..... | 18 |
| SUBMISSION INSTRUCTIONS..... | 18 |
| APPENDIX..... | 19 |
| SCHEDULE OF EVENTS..... | 19 |
| ATTACHMENTS..... | 19-41 |

INFORMATION FOR APPLICANTS

1) Intent of the Request for Full Grant Proposals: The goal of the Request for Full Grant Proposals is to solicit for three types of child maltreatment prevention programs:

1) Local Community-based Projects (\$15,000 maximum grant award) community-based programs and services that are designed to use demonstrated strategies to at-risk children and families in order to prevent **first-time** occurrence of child maltreatment and to strengthen families and communities.

2) Family Resource Centers (\$30,000 maximum grant award) Family Resource Centers: provide a variety of community-based and prevention-focused programs and activities to strengthen and support families to prevent child abuse and neglect. Family Resource Centers also focus on the five protective factors. Family Resource Centers promote strength-based philosophies and evidence-based programs or evidence-informed practices for working with families. Center's focuses their efforts on individual, family and community strengths; examples include but are not limited to:

- parenting support and information;
- Parent education classes and parent skills training;
- Workshops to increase bonding and attachment;
- Workshops to increase parent's resilience;
- increase parent's knowledge of child development;
- support groups and social connections;
- Positive youth development;
- Literacy training; employment assistance, housing, and financial issues;
- Resource and referrals;
- Home visits;
- After-school programming; and
- respite care.

3) Early Childhood Comprehensive System Development: This section is intended to increase the availability of home visiting services for children (prenatal) to age 5 and their parents to deliver services and activities that promote the child's physical, cognitive, social and emotional development and that connect families to resources and services in their communities. Parenting education programs that foster the overall development of children by strengthening parent knowledge about child development, building parenting skills, strengthening relationships between parent and child and promoting age appropriate care and activities that can promote a children's development and school readiness, and reduce child-maltreatment. Home visitation is a widely used parent education strategy where early education and support to families in their homes have been shown to have a lasting impact on children and families. The selected program must have the ability to monitor and track program performance and results for the entire 5-year period based on the standards. To achieve significant outcomes, services must be high quality, culturally responsive, and accessible to children and families who need them, and be seamlessly integrated with an early childhood system. Program must coordinate or collaborate with other existing resources in the community.

Examples are: Nurse Family Partnership, Home Visiting Programs, Nurturing Parent, Healthy Families of America or other evidence-based partnerships or programs (must have a home-visiting component.) **\$40,000 maximum annual funding for a period of 5 years- (PILOT PROGRAM) Funding. Priority areas in Montana are Fergus County, Silver Bow County, or Beaverhead County.** All areas may apply.

PURPOSE OF THE FUNDING:

- 1) support community-based efforts to focus primarily on the prevention of child abuse and neglect;
- 2) provide services to support families in rearing healthy children in safe environments;
- 3) establish the need of a program that is not a duplication of current services;
- 4) to network initiatives aimed at the prevention of child abuse and/or neglect;
- 5) to support networks of coordinated resources and activities to strengthen and support families; and
- 6) to reduce the likelihood of child abuse and/or neglect by targeting protective factors such as parental resilience, social connections, knowledge of parenting and child development, and social and emotional competence of children.

The Montana Children's Trust Fund's priority in funding is evidence-based or evidence-informed child abuse prevention programs or practices. The goal is to promote more efficient use of funding by increasing the number of appropriate evidence-based and evidence-informed programs and practices which can be successfully implemented and sustained.

Programs must demonstrate a meaningful commitment to parent leadership, including parents of children with disabilities, parents with disabilities, and racial and ethnic minorities; and to foster an understanding, appreciation, and knowledge of diverse populations and/or cultural competent practices in order to be effective in preventing and treating child abuse and neglect." See: Title II, Child Abuse Prevention and Treatment Act, Sec. 201.

2) WHO MAY APPLY?

All local, non-profit agencies and community-based organizations that provide primary and secondary prevention services may apply for grants. The most effective way to meet the challenge of preventing child abuse and neglect is for all programs, both public and private, to work together in partnership with families and other disciplines such as social services, health and mental health, child care, respite care programs, early childhood, education, law enforcement, faith and community-based organizations, fatherhood and healthy marriage programs, and other appropriate advocacy groups in the community.

3) DEFINITIONS:

Programs should use the following definitions to carry out their programs.

- **Cash Match:** Grants under this RFP require a hard cash match. The cash match can not be from federal funds. The identity and source of the cash match will be evaluated on a case-by-case basis.
- **Child Maltreatment** is any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child. Physical abuse, sexual abuse, emotional abuse, and neglect are the four common types of abuse. Children under the age of 4 years of age are at the greatest risk.
- **Cultural competency** is the commitment to value, respect, understand, and appropriately respond to cultural differences. The success of prevention and family support efforts is directly dependent upon the ability to build trust and understand all parents' strengths, challenges, perspectives, and goals. Cultural competence provides one with the ability to think, feel, and act in ways that acknowledge, respect, and build upon ethnic, socio-cultural and linguistic diversity.
- **Early Childhood Comprehensive Systems** are made up of interrelated parts working together toward the common goal: the healthy growth and optimal development of young children. Any effective approach to building a cohesive, high quality system must include children along the continuum and must invest in the three areas research indicates are critical to later success: physical and mental health; family stability; and early learning.
 - Physical and mental health services include guidance for parents to support children's healthy development and developmental screenings to identify physical and behavioral needs. All aspects of development –physical, social, emotional, cognitive, and language are supported.
 - Family stability services include parenting education; supportive work to promote self-efficiency, and special supports for families in crisis
 - Early learning includes services for early identification and services for children with special needs, quality child-care programs, and head start.
- **Evidence-based and evidence-informed practices:** Evidence-based or evidence-informed child abuse prevention promising practice or model is the priority for funding. Research indicates that there are eight broad categories of child abuse prevention approaches that include programs that have shown promise in preventing child maltreatment.

These eight (8) approaches include:

- 1) home-based services/home visitation;
- 2) parent education/parenting training;
- 3) mutual support/social support;
- 4) early childhood education initiatives;
- 5) primary health care initiatives;

- 6) respite care;
- 7) child sexual assault prevention (school-based); and
- 8) family resource centers (North Carolina Institute of Medicine 2005).

The following are examples of evidence-based programs that show promise in preventing child maltreatment (not inclusive):

Home-based services/home visitation – Nurse Family Partnership, Healthy Families America (HFA), Project 12-ways/Project Safe Care, Parents as Teachers (PAT), Parent Aide Program, Home-based Instruction for Parents of Preschool Youngsters (HIPPY) and Family Connections;

Parent education/parenting training – Parent-Child Interaction, Nurturing Program, Circle of Security, The Incredible Years, Triple P (Positive Parenting Program), Strengthening Families, Strengthening Families Through Early Care and Education, and Parenting Wisely;

Mutual support/social support – Circle of Parents, Parents Anonymous, and Parent to Parent;

Early childhood education initiatives – Early Head Start and Chicago Child-Parent Centers;

Primary health care initiatives – Healthy Steps for Young Children;

Respite care – Pre-planned or crisis/emergency oriented, no single model identified.

Child sexual assault prevention (school-based) -- No single model identified.

Family Resource Centers –No single model identified.

Additional child welfare models/programs may be researched at the following sites. Note that programs must focus on prevention of child abuse and neglect in order to qualify for MT CTF Funding:

California Evidence Based Clearinghouse for Child Welfare

(<http://www.cachildwelfareclearinghouse.org/>);

Office for Juvenile Justice and Delinquency Prevention's Model Programs Guide (http://www.dsgonline.com/mpg2.5/mpg_index.htm);

The Center for the Study and Prevention of Violence's "Blueprints for Violence Prevention" (<http://www.colorado.edu/cspv/blueprints/model/overview.html>);

The Substance Abuse and Mental Health Services Administration (<http://modelprograms.samhsa.gov>).

Resources or references can also be found at <http://www.childwelfare.gov> and www.evidencebasedprograms.org.

- **Fidelity:** Fidelity refers to the extent to which a program is implemented as intended by the designers. Fidelity refers not only to whether or not all the components and activities were actually implemented, but whether they were implemented in the proper manner.
- **In-Kind Match:** Program support, other than direct cash contributions, may include volunteer time, donated space, supplies, equipment, etc.

- **Logic Model:** a ‘map’ of your program or a diagram showing the logic or rationale of the program; a picture of a program that shows what it is supposed to accomplish, the links between program objectives, program activities, and expected program outcomes. A simple, logical illustration of what, why, and how the program will be successful. There is a wide variety of logic model formats, but most have the same key components. Specific components include: Vision; Target Population and Population Needs; Outcomes; Indicators; Measurement; Services and Assumptions. A sample logic model is included as **Attachment 7**. See www.friendsnrc.org under outcomes accountability and logic models for more information on logic models.
- **Outcomes:** The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, or altered behavior. One example of an outcome is reduced incidence of child maltreatment (measured by the number of substantiated reports). Outcomes, are often expressed in terms of: knowledge and skills (these are typically considered to be short-term outcomes); behaviors (these are typically considered to be intermediate-term outcomes); and values, conditions and status (these are typically considered to be long-term outcomes).
- **Outputs:** The direct products of program activities; immediate measures of what the program did. For example, the number of children served, the length of time treatment was provided, or the types of services provided.
- **Primary Prevention:** efforts aimed at positively influencing parents or caregivers, and /or children before abuse or neglect occurs. Primary Prevention services are offered to all members of a population; are voluntary; and attempt to influence societal forces that impact parents and children. Primary prevention seeks to raise the awareness of the general public, service providers, and decision-makers regarding child maltreatment.
- **Protective factors** are conditions in families and communities that, when present, increase the health and well-being of children and families. These attributes serve as buffers, helping parents to find resources, supports, or coping strategies that allow them to parent effectively. Research has shown that the following protective factors are linked to a lower incidence of child abuse and neglect:

The five protective factors are:

Nurturing and attachment;

Knowledge of parenting and of child and youth development;

Parental resilience;

Social connections; and

Concrete supports for parents.

- **Respite Care:** a “short term care services provided in the temporary absence of the regular caregiver...to children who are in danger of abuse or

neglect and/or who have disabilities, chronic or terminal illnesses. Such short term care is provided within or outside the child's home...and is intended to enable the family to stay together and to keep the children living at home and in the community."

- **Secondary Prevention:** Secondary prevention consists of activities targeted to families that have one or more risk factors including families with substance abuse, teen parents, parents of special need children, single parents, and low income families. Secondary prevention services include parent education classes targeted for high risk parents, respite care for parents of a child with a disability, or home visiting programs for new parents. This type of activity is a focus of CBCAP programs.
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- **Target Audience: all parents and children of Montana;** families identified as at-risk for child abuse and/or neglect that **do not have an open CPS case**. Emphasis is placed on the participation of parents, racial and ethnic minorities, child and adults with disabilities, and members of other underserved or underrepresented groups. Families may be referred by Child and Family Services Division, if a case is unsubstantiated.
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- **Tertiary Prevention:** consists of any actions or activities designed to provide **treatment or intervention to a family or child once abuse or neglect has occurred**. These activities are targeted to families that have confirmed or unconfirmed child abuse and neglect reports. These families have already demonstrated the need for intervention, either with or without court supervision. These are families that qualify for services under child welfare programs and are **not a focus of the CTF (CBCAP) funding**.

4) **BACKGROUND:**

The Child Abuse Prevention and Treatment Act (CAPTA) is one of the key pieces of legislation that guides child protection. The Act, originally, was signed into law in 1974 and was reauthorized in 1978, 1984, 1988, 1992, and 1996. Each reauthorization included amendments to CAPTA that have expanded and refined the scope of law. The Act was more recently reauthorized on June 25, 2003, by the Keeping Children and Families Safe Act of 2003, Public Law 108-36. The purpose and legal authority for carrying out the Community-Based Child Abuse and Prevention (CBCAP) Grants for the Prevention of Child Abuse and Neglect are found in 42 USC 5116, Title II, and Section 201 of CAPTA. Following the reauthorization of the CAPTA, Title II, the purposes of the CBCAP program are: 1) to support community-based efforts to develop, operate, expand, and enhance and, where appropriate, to network, initiatives aimed at the prevention of child abuse and neglect; 2) to support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and 3) to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

The CBCAP program was approved by OMB in May 2006 for a new PART efficiency measure “to increase the percentage of CBCAP total funding that supports evidence-based and evidence-informed child abuse prevention programs and practices.”

Following passage of the 1984 reauthorization, Montana’s Legislature passed legislation in 1985 that created the Montana Children’s Trust Fund (CTF) Program; and Montana became eligible for federal funding. The Montana Children’s Trust Fund is authorized in state statutes to support primary and secondary child abuse and neglect prevention programs.

The Montana Children’s Trust Fund (CTF) has a seven-member, volunteer board appointed by the Governor for three-year terms. The CTF Board meets quarterly and is actively involved in selecting and funding programs. **The CTF Board is autonomous and all decisions regarding program policies and procedures, funding, program design, recruitment, and financial management are binding.** The CTF Board and the programs are administratively attached to the Department of Public Health and Human Services, Child and Family Services Division.

Historically, the Children’s Trust Fund has had two main sources of funding:

- 1) The Federal Community-Based Grant for the Prevention of Child Abuse and Neglect that averages \$200,000 annually. The CBCAP Federal Grant is the consistent cornerstone of funding as state funds tend to vary depending upon revenues.
- 2) A State Special Revenue Account generated by a \$5.00 divorce filing fee and contributions from the income tax check-off on the Montana Income Tax form. The Trust Fund receives approximately \$35,000 annually from the State Special Revenue Account. The total state and federal revenue is approximately \$235,000 annually.
- 3) Additionally, new funding is available through the Montana Children’s Trust Fund Endowment. The 2007 Legislative Session mandated that \$1 Million be deposited into the Endowment Fund. The CTF Board is allowed to use the interest earnings. The emphasis with this funding is early childhood development, a home visiting component, and a collaboration to prevent child abuse by strengthening families and communities.

The Montana Children’s Trust Fund Program holds an Annual Grantee Meeting, usually in the fall. **All programs must attend this 2-day mandatory training.** Costs associated with this requirement will be paid by the Children’s Trust Fund (CBCAP) Grant funds. Do not include this expense in your budget. No more than 2 representatives from each site, directly associated with the funded activity, will receive reimbursement for their travel to the meeting. A Parent Leader can be one of the program representatives. Reimbursement will be at the state rates for mileage, lodging, and per diem. **This is a mandatory meeting and nonattendance by a program will be reason for termination of the contract.**

The Montana Children's Trust Fund is federally mandated to conduct a Peer Review Process annually. Participation in a peer mentoring process is also mandated, but **not all Montana CTF funded programs will be required to conduct peer reviews each year. The funded programs chosen for the Peer Review Process will be reimbursed \$500 for costs associated with travel, per diem, assessments and evaluations.**

CONTENTS AND FORMAT OF GRANT PROPOSALS

Applicants must submit a proposal which contains all of the following elements arranged in the following order:

- 1) **Letter of Transmittal:** A **one-page** letter of transmittal typed on the letterhead of the submitting organization and signed by the Executive Director.

The letter shall include:

- the amount of funding requested;
- a brief overview of the organization's experience;
- **Number of years and amounts of funding with the CTF;**
- a short, concise statement of need;
- The proposed evidenced-based or evidence-informed methods or practices;
- Beginning and ending dates of the program;
- names, addresses, and signatures of program director and applicant;
- the Employer Identification Number (EIN);
- submission date of the proposal; and
- an e-mail address and a street address for future site visits.

- 2) **Abstract:** The Abstract represents the essence of the proposal. Limit the abstract to 300 words and use the standard font type of Times New Roman with a point size of no less than 11. A well-written Abstract summarizes each major section of the proposal and should be capable of speaking for the proposal if it is separated. The Abstract will appear on a page by itself and should be written after the proposal is completed (summarize).

- 3) **Table of Contents:** The Table of Contents lists the titles of all major sections and subsections along with their beginning page numbers. Prepare the Table of Contents in outline form.

- 4) **Introduction:** This section introduces the problem, need, or issue to be addressed, and the approach or methodology of the program. The Introduction briefly described what is being proposed and why. Introductions are brief, no more than **one page** is necessary. The Introduction does not stand alone, but becomes a part of the text of the proposal.

- 5) **Statement of Need:** The Statement of Need describes in detail the importance of the program, geographic location, target populations, and existing services that demonstrate the need for the identified project activities. Please include statistical data from **state fiscal year 2007, July 1, 2006 – June 30, 2007**, including total numbers of children and families served.

Address the following questions in this section:

- a) What is the problem? What are the separate elements of the problem?
- b) Where does the problem occur? (include demographics of the communities being served within the defined service area);
- c) Who is affected by the problem?
- d) What local resources exist to help address the problem, and what are the gaps between needs and available resources?
- e) What is your organization's history of involvement with the problem, need or issues?
- f) What will the consequences be if the need or problems are not addressed?
- g) Programs applying for a continuation of funding would need to provide the numbers of children and families served during SFY 07 (July 1, 2006 – June 30, 2007). A narrative describing the children and families served is desirable. Please provide unduplicated counts.
- h) Programs applying for the first year of a Children's Trust Fund Grant would need to provide the number of children and families served to date during the current program year.

- 6) **Goals and Objectives:** Realistic and clearly-written program goals and objectives are essential in a high quality proposal. Goals describe the desired outcomes of the program and are related to community needs. Objectives are specific, measurable statements of the outcomes to be expected from the program. Outline several specific, measurable indicators of how the goals will be attained.

Describe in detail each program activity and desired outcome for each. Describe the evidence base for each of the activities. Each proposed project must have well-defined short, intermediate, and long-term outcomes that are measurable. Include a logic model. (See definition section for reference.) See Attachment 7.

Include Public Awareness as one of the goals and show through the objectives how the program intends to carry out activities at the community level to promote the Children's Trust Fund Program. Provide a description of the activities the program will coordinate or participate in observance of April as Child Abuse Prevention Month (Strengthening Families Month). Public information activities that focus on the healthy and positive development of parents and children and promotion of child abuse and neglect prevention activities can be included. Mandatory Reporting training is also a part of outreach and public awareness.

- 7) **Methods:** The section describes how your program goals and objectives will be achieved and how the needs will be addressed. The methods section is one of the largest sections of the grant proposal and is organized into the following subsections:

- a. Introduction. This section shall briefly summarize the program's overall approach or procedures. Include evidenced-based and evidence-informed practices.
- b. Program Activities. This section describes the program, implementation steps, phases of activities, and how they relate back to the goals and

objectives. Include activities that will enhance parent participation, leadership, and involvement in the planning, implementation and evaluation of funded programs and the network.

Early Childhood Comprehensive System: Include all components and methods you plan to focus on in your program. Highlight areas that meet specific identified needs of the target population. How will participants be recruited and engaged in program services? How will the families be “followed” for a period of 5 years? In the Activities section, described your services. In this section please quantify these activities.

Elements to include:

- *Number of Families you plan to serve, include enrollment, engagement and retention rates*
 - *Expected rates of visits completed (show), and graduation (e.g. we expect that we will have 10-15% attrition, with 85-90% of families receiving at least 80% of all scheduled home visits.)*
 - *Description of the data to be collected that will demonstrate achievement of outputs and the ability of this project to meet identified long-term goals and activities. (E.g. we will keep case records to document enrollment, engagement, home visits completed, and retention.) Provide historical data on your output achievement.*
- c. Evidence-based or evidence-informed practices. Describe the evidence base for each of the activities. Fidelity to a curriculum is important. If you plan on adapting the evidence-based program, please describe how you will measure the outcomes, the rationale behind the adaptation, and how it applies to your community.
- d. Cooperating Organizations. No single program or project can serve all the needs of a family. Programs benefit from fostering the development of a continuum of preventive services for children and families through State and community-based public and private partnerships. Identify collaborative partners and their services involved with your program or organization. How are referrals made in the community; what are the community's resources, and gaps in services?
- e. Staffing and Administration: Include reviews of the overall staffing for the program including positions, roles and responsibilities, levels of effort, use of consultants or subcontractors, staff coordination, and administration Please describe the use of volunteers, parent leaders, and boards or advisory boards. **If consultants or contractors will be funded under this grant, a copy of the subcontract between the local organization and the contractor must be submitted to DPHHS before a final contract is signed.**
- f. Work Plan/Timetables. The work plan or timetable serves as a program implementation and monitoring tool helpful for launching the program when funded and for ensuring its timely completion. Relate the work plan back to the resources and needs demonstrated by the Statement of Need. Include how each stated objective will be achieved within the proposed

timeline. Include a summary of the program tasks, logically sequenced with their associated beginning and ending dates, displayed in a chart, schedule, or diagram. The work plan is a useful tool for determining if proposed program activities can be completed within the timeframe and are an essential device for demonstrating this to the Board

- g. **Products/Outcomes.** This is a summary of the entire Methods Section. The summary provides an opportunity to emphasize the short-term and long-term results, direct and indirect outcomes expected from successful management of the program. This is an opportunity to indicate the benefits that will be realized by completing the program's activities and attaining the program's goals and objectives. Address the ultimate outcomes and benefits for clients and the community at large.
- 8) **Evaluation:** The evaluation serves as a guide for monitoring and modifying program activities. This section explains how the proposed objectives will be measured to determine if the program is effectively and efficiently reaching the proposed goals and objectives. Include a description of the data that will be collected. Include a description of the number of the potential individuals and families served, noting and including if possible, families with children with disabilities, parents with disabilities, and the involvement of a diverse representation of families in the design, operation and evaluation of your program.

This information will also be included in the Quarterly Reports. Quarterly Reports (September 30, December 31, March 31, and Final Report) will need to be submitted respectively, BEFORE invoices for services will be paid.

- Selected Programs** will be expected to participate in the Peer Review Process on an annual basis. Peer Review is a qualitative evaluation process required by federal law that enables programs to conduct self-assessments. A description of the results of the peer review process conducted with your program, if applicable, will need to be included in the final report.
- 9) **Qualifications of Program Staff:** This section shall provide sufficient information about the applicant's general background, relevant experience, and years of operation, qualifications, and training of key staff to provide the required services that convincingly demonstrate to the Board that the applicant is responsible and capable of completing the objectives. **This section shall refer to staff resumes and resumes of any subcontractor or consultant.** The names, addresses and phone numbers of two references shall be provided that can be contacted for additional information about the quality of services provided. **The references and resumes shall be located in the Appendix of the grant application.**
 - 10) **Organizational Capability Statement:** Include a separate statement that details: (1) the type of organization, how and when the organization began, organizational goals, how the services and philosophy have evolved, and how long the program has been funded by the trust fund; (2) the general experience and significant accomplishments of the organization; (3) organizational resources or strengths,

qualifications; (4) a description of the organization's advisory board and/or other committee members, their qualifications and role in the organization (please place the list of names, addresses, phone numbers, etc. of the membership in the Appendix); (5) affiliations and/or coordination with other organizations; (6) structure for administration; (7) evidence of credibility such as professional accreditation, any awards, letters of support (please refer to these letters and place them in the Appendix); **(8) proof of incorporation or certified statement of government status, 501C-3, which shall be placed in the Appendix;** (9) verification of current Workers' Compensation coverage, which shall be placed in the Appendix; and (10) an organizational chart if the organization has one.

- 11) **Budget:** The budget section shall include a description of the proposed operating budget for the program. A line item budget form is made a part of the RFP as **ATTACHMENT 1**. In addition to the line item budget submitted on the form, a **budget narrative**, on a separate page, must accompany the table. The budget narrative shall explain each line item in detail. Parent Leadership and mandatory reporting training are possible line items in the budget, along with other program costs. Frequently, personnel are the largest expenditure. Costs must tie to personnel used to implement the project. How were salary rates determined? What is included in fringe benefits? What functions do budgeted employees perform? Time and attendance records must be maintained on site.

Travel and per diem must be explained showing all calculations for projected costs. Please make sure that all travel costs are directly related to the project activities. Updated in-state travel information is attached as **ATTACHMENT 2**.

- **Equipment is typically not funded by the Children's Trust Fund Program. i.e., computers.**
- **Items costing less than \$250 may be considered consumable supplies and be budgeted as such.**
- **Rent is typically not covered by the Children's Trust Fund Program. If rent is a budget line item, please describe fully the rationale behind using these funds for rent. A request for rent to be covered in a budget will be evaluated on a case-by-case basis by the Board.**
- **If a subcontractor or consultants are used, the budget narrative must explain in detail how the personnel costs are calculated in direct association with activities performed. How were salary rates determined? What is included in fringe benefits? What functions will subcontractors or consultants perform?**
- **Be prepared to submit a subcontract along with your grant proposal outlining more detail about this section.**
- **Programs chosen for the Peer Review Process will be reimbursed \$500 for costs associated with travel, per diem, assessments, and evaluations. A separate form will be used for this process.**

- **MATCHING FUNDS.** The budget narrative should also include a section explaining the source and identity of matching funds.
- **New Local Community-based Programs.** Funding requests must not exceed \$15,000 for a one-year period, and must include a **5% hard cash match** from local sources in year one. **The match is calculated as follows: \$15,000 divided by .95 = \$15,789.47 x .05 = \$ 789.47 as the hard cash amount required.**
- **Local Community-based Program Continuation.** Currently-funded CTF programs may apply for continuation funds. Funding requests must not exceed \$15,000 and must certify a 15% match in year two (2); year three (3) a 25% match, and year four (4) and subsequent years a 50% match. Matching funds can be a 50/50 combination of hard cash and in-kind contributions in the subsequent years of funding. Use the above cited formula taking into consideration the percentage match variable in the formula.
- **Family Resource Centers.** Funding requests must not exceed \$30,000 for a one-year period. Year one must demonstrate a 10% a hard cash match, year two (2) a 20% match; year three (3) a 30% match. Matching funds can be a 50/50 combination of hard cash and in-kind contributions in the subsequent years of funding. **Family Resources Centers are funded for a maximum of three years.** Use the above formula taking into consideration the percentage match variable in the formula to determine your match.

Evaluation of Budgets: It is the intent of the Board to obtain the highest quality of services within reasonable budget line items. The Board's primary interest is the quality of the proposal as measured by the evaluation criteria and the desired outcomes.

Sustainability: Part of the rationale of the matching requirement is to ensure that programs are working towards sustainability of their programs. The Children's Trust Fund grants are designed to provide initial seed or start-up funds.

The budget section shall have a separate budget sheet that shows all revenues and expenses of the Applicant organization. A contract will not be signed until a total accounting of the organization's financial position is received by the Board.

Note: The cost of developing a response to this RFP is entirely the responsibility of the Applicant and shall not be reimbursed by the Board.

ASSURANCES/CERTIFICATIONS

- 1) Federal regulations require that Applicants sign and return the following assurances with their proposal:
 - a. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE
 - b. CERTIFICATION OF COMPLIANCE WITH CERTAIN REQUIREMENTS FOR DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES CONTRACTORS (May 2003)
 - c. ASSURANCES - NON-CONSTRUCTION PROGRAMS, Federal Standard Form 424B
 - d. **Copies of the above Assurances/Certifications (a-c) are included as ATTACHMENTS 3-5 of the RFP.** Please make the signed Assurances a part of the grant proposal's Appendix.
- 2) **OMB Audit Requirement:** If your program falls under the OMB Audit Requirements, please submit a copy of your latest Audit Report, if applicable. By signing a contract with the department, you are giving your assurance that this requirement will be followed.

SELECTION PROCESS

Responses to the RFP must provide all of the required information in writing. The Children's Trust Fund Board reserves the right to:

- communicate or negotiate with one or more Applicants involved;
- request one or more Applicants to clarify their proposal or to supply any additional material deemed necessary to assist in consideration of the proposal;
- base selection of the most responsive proposals on factors not limited to the lowest bid, including staffing, the provider's history and experience in providing similar services, cost effectiveness, and other factors that contribute to the best interest of the program; and,
- **reject any or all proposals received.**

Questions and Answers: Oral questions will receive oral responses. They will neither be official nor will they become a part of the RFP. Applicants may not rely on oral responses alone.

All written questions must be addressed to Robin Suzor, Grant Manager for the Board, and received by April 18, 2008. Written questions will receive an official response. The names of those who submitted written questions will not be disclosed.

Availability of Proposals: No comparative analysis or other information with respect to the proposals received will be available. However, all proposals will be available for inspection in the state office of the Department of Public Health and Human Services,

Child and Family Services Division, during regular business hours after programs selected under this RFP have been awarded.

CHILDREN’S TRUST FUND BOARD EVALUATION PROCESS

The CTF Board makes *the final determination*. The Board reserves the right to reject any or all applications and to negotiate the award amount, authorized budget items, and specific programmatic goals prior to entering into a contract. Funding is based on the quality of the application; an assessment of the need for the project; whether the project is responsive to the RFP, the applicant’s history with other projects; the likelihood of success, and other factors the Board deems necessary. Research citations should be provided.

Board and/or the Grant Review Committee Members will separate proposals into "responsive" and "non-responsive" documents. Non-responsive proposals will be eliminated from further consideration. Proposals will be evaluated and scored based upon the assessment of the quality and validity of the responses to the RFP requirements and other items outlined in this RFP. Responses must be complete and address all the criteria listed. Information or materials presented by Applicants outside the formal response or subsequent "best and final offer," if requested, will not be considered and will have no bearing on any award.

The proposals will be read by the Montana Children’s Trust Fund Board. The Board Members and/or Grant Review Committee members will assign points to each section of the proposal in accordance with the extent to which they feel the section meets the criteria requested in the RFP and to which each section satisfies the needs of the Board for each category. The committee may assign any number of points, up to the **maximum of 200 points**.

- 1) **Evaluation Criteria.** The CTF Board and committee members will review and evaluate the offers according to the following criteria:

| SECTIONS | MAXIMUM POINTS |
|---|-----------------------|
| (1) Letter of Transmittal, Abstract | 5 |
| (2) Introduction | 5 |
| (3) Statement of Need | 15 |
| (4) Goals and Objectives | 15 |
| (5) Methods | 50 |
| (6) Evaluation | 20 |
| (7) Qualifications | 20 |
| (8) Organizational Capabilities | 25 |
| (9) Budget | 20 |
| (10) Logic Model | 10 |
| (10) Narrative and Compliance With the RFP | 15 |
| TOTAL MAXIMUM POINTS | <u>200</u> |

AWARDING OF THE CONTRACT

Upon review of and concurrence with the evaluations and recommendations, the Board will select the most appropriate proposals and direct the Department of Public Health and Human Services (DPHHS) Contracting Officer to develop a contract to be signed by the Chair of the Children's Trust Fund Board and the successful Applicant.

- 1) **Process.** The DPHHS Contract Officer will write and approve through appropriate channels a formal contract. After Board approval, contracts will be mailed to the successful applicants to sign and return to the DPHHS Contracting Officer. Prior to official execution of the contract, no contract or award shall be assumed or announced.

An Applicant invited to negotiate or having signed the contract before approval, shall not commence work or commit funds, incur costs, or in any way act to obligate the Applicant or the Board, as if the Applicant were the contractor. All such efforts, costs, and other expenses incurred by an Applicant prior to the announcement of the contract award by the Board shall be entirely at the Applicant's expense and shall not be counted as performance or invoiced under any subsequently executed contract.

- 2) **Workers' Compensation/Independent Contractors Exemption.** The successful Applicant is required to supply the Board with proof of Workers' Compensation Insurance or Independent Contractors Exemption covering the contractor while performing work for the State of Montana and its political subdivisions (Ref. 39-71-401 and 39-71-405 MCA). Coverage may be provided through a private carrier or through the State Compensation Mutual Insurance Fund (406) 444-6500. An exemption can be obtained through the Department of Labor, Employment Relations Division (406) 444-7734. The proof of insurance/exemption must be valid for the entire contract period and must be received by the board within ten (10) working days of the issuance of a Notice of Award.

CONTRACTS WILL NOT BE ISSUED TO SUCCESSFUL APPLICANTS WHO FAIL TO PROVIDE ALL REQUIRED DOCUMENTATION WITHIN THE 30-DAY TIMEFRAME.

- 3) **Expectations.** The Board will enter into a "Purchase of Service Contract" with the successful Applicant by July 1, 2008. A model "Purchase of Service Contract" is included with the RFP as **ATTACHMENT 6. THE MODEL "PURCHASE OF SERVICE CONTRACT" MAY BE MODIFIED FOR SFY09 PROGRAMMING.**
 - a. Successful applicants will be expected to keep the DPHHS Grant Manager informed about contract performance issues, problems and questions throughout the duration of the funding period. The DPHHS Grant Manager will consult, meet, communicate, and provide assistance to the Programs as needed.

- b. Successful applicants shall submit monthly or quarterly Contractor Financial Reports (DPHHS-DFS/CTF-001), or another designated departmental form, showing statements of expenditures and cash accountability. The CTF-001 Invoices shall be submitted on or near the last day of each month or quarter. Billing in advance of services' provided is not prohibited, but will be examined and questioned. In special cases, if a cash advance is needed it will be negotiated between the Board and the DPHHS Grant Manager. **A set of CTF-001 invoices will be mailed along with the signed and completed contract.**
 - c. A final statement of costs must be submitted within 30 days of the expiration or termination of the contract.
 - d. Successful applicants shall agree to maintain policy notifying all of the Contractor's employees that when they know or have reasonable cause to suspect that a child is abuse or neglected, the employee is personally required to report the matter promptly to the Department of Public Health and Human Services, Child and Family Services Division pursuant to Montana Code Annotated, Section 41-3-201. The policy will instruct employees to report child abuse and neglect allegations to the Department's Central Intake Bureau, toll-free number 1-866-820-5437. The Contract further agrees to notify each current employee prior to the beginning of the contract, notify newly hired employees within the first week of employment, and document each notification with the dated signature of the employee.
- 4) **Quarterly Reports.** Successful applicants will be expected to submit a **Quarterly Report** to the DPHHS Grant Manager. Quarterly Reports are another qualitative evaluation component of a program. Quarterly Reports are an opportunity to share the progress and accomplishments of a program throughout the program year.

Quarterly Programmatic Reports are **due:**

| | |
|------------------------------|---|
| July 1-September 30 | —due October 31, 2008 |
| October 1-December 30 | —due January 30, 2008 |
| January 1-March 31 | —due April 30, 2008 |
| April 1-June 30 | --Final report due July 30, 2008 |

Failure to submit Quarterly Programmatic Reports shall result in a delay of payments to the Grantee until such report is received by the DPHHS Grant Manager.

The DPHHS Grant Manager will be responsible for monitoring the contracts and programs via review of financial reports, quarterly narrative reports, site visits, and other communications from programs.

- 5) **Subcontracting.** Before the final contract is approved and signed, a signed **copy of any Subcontract must be forwarded to the DPHHS Contract Officer** to be incorporated into the final contract between the Board and the successful Applicant.

- 6) **Insurance.** Please forward any proof of insurance coverage or a section of your policy and procedures that deals with insurance coverage. It is not the intent of the RFP to ask for Insurance Policies, only proof, certifications or a Deck Sheet that shows the type of coverage
- 7) **Format.** The narrative section of the proposal will be no longer than 12 pages and will include Sections 5 - 12. Please use 12 pt fonts. No binders shall be used as sections of the grant application are incorporated and become a part of the contract file. The Board expects all applications to be well organized and to follow the outline of the RFP.

SUBMISSION INSTRUCTIONS

PROPOSALS MUST BE POSTMARKED AND MAILED VIA CERTIFIED MAIL OR HAND-DELIVERED AND RECEIPTED NO LATER THAN 5:00 p.m., FRIDAY, MAY 02, 2008. Please clearly identify RFP/GRANT FOR MONTANA CHILDREN'S TRUST FUND on your envelope or package.

Please mail or deliver proposals to the CBCAP GRANT MANAGER:

Robin Suzor, Grant Manager
Department of Public Health and Human Services
Child and Family Services Division
1400 Broadway, PO Box 8005
Helena, MT 59604-8005

APPENDIX

Please check to see if the following documents are attached and made a part of the grant application's Appendix:

Assurances
Letters of Support
Resumes/biographical data
References, at least 2
Public Awareness Materials
Legal and Administrative Documentation (Certification of Nonprofit Status
Organizational Charts, Policy Documents, Audited Financial Statements, Evaluation
Forms, Logic Model, etc)
Proof of Insurance

SCHEDULE OF EVENTS

EVENT DATE

| | |
|---|----------------|
| RFP Released | March 28, 2008 |
| Deadline for Receipt of Written Inquiries | April 18, 2008 |
| Proposal Due Date | May 02, 2008 |
| Award Letters to Successful Applicants | June 6, 2008 |
| Intended Date for Contract Execution | July 1, 2008 |

ATTACHMENTS

The following documents are attached to the RFP:

1. Line Item Budget Format
2. In-state Travel Information- web information
3. Certification Regarding Environmental Tobacco Smoke
4. Certification of Compliance with Certain Requirements for DPHHS Services Contracts
5. Assurances - Non-Construction Programs
6. Sample of Purchase of Services Contract
7. Draft Logic Model example

BUDGET FORMAT

| | A | B | C | D A+B+C |
|--|--|----------------------------|--------------------------------|--------------------|
| CATEGORY | CTF GRANT FUNDING | HARD CASH MATCH | IN-KIND MATCH | TOTALS |
| Personnel | | | | |
| Space/Rental | Typically not funded by CTF/case-by- case basis | | May appear in this category | |
| Telephone | | | | |
| Postage | | | | |
| Consumable Supplies | | | | |
| Printing | | | | |
| Travel | | | | |
| Parent Leadership | | | | |
| Mandatory Reporting Training/outreach | | | | |
| Other Costs/Describe | | | | |
| TOTAL | | | | |

Please create a table similar to the one above to prepare your line item budget. A separate page should be provided for the budget narrative describing in detail each category of expenditure covered by the CTF and match. The source and identity of the hard cash match and/or in-kind match if applicable must be explained in the budget narrative.

#0810029SR

ATTACHMENT 2

[www.doa.mt.gov/doatravel/pdfs/travel policy.](http://www.doa.mt.gov/doatravel/pdfs/travel_policy)

ATTACHMENT 3

**CERTIFICATION REGARDING
ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by any entity and used routinely or regularly for the provision of health, day care, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

By signing and submitting this Certification the Applicant, Grantee or Contractor certifies that it will comply with the requirements of the Act. The Applicant, Grantee or Contractor further agrees that it will require that the language of this Certification be included, without modification, in any sub awards which contain provisions for children's services and that all Sub grantees shall certify accordingly.

CONTRACTOR: _____

BY: _____

TITLE: _____

DATE: _____

**CERTIFICATION OF COMPLIANCE WITH CERTAIN
REQUIREMENTS FOR DEPARTMENT OF PUBLIC
HEALTH & HUMAN SERVICES CONTRACTORS
(MAY 2003)**

The Contractor, for the purpose of contracting with the Montana Department of Public Health & Human Services, certifies to the Department its compliance, as may be applicable to it, with the following:

- A. That the Contractor does not act in collusion with other contractors for the purpose of gaining unfair advantages for it or other contractors or for the purpose of providing the services at a noncompetitive price or otherwise in a noncompetitive manner.
- B. That the Contractor is an independent contractor; that it maintains necessary and appropriate workers compensation and unemployment insurance coverage; that it is solely responsible for and must meet all labor and tax law requirements pertaining to its employment and contracting activities, inclusive of insurance premiums, tax deductions, tax withholding, overtime wages and other employment obligations that may be legally required with respect to it.
- C. That the Contractor, any employee of the Contractor, or any significant subcontractor in the performance of the duties and responsibilities of the proposed contract, are not currently suspended, debarred, or otherwise prohibited from entering into a federally funded contract or participating in the performance of a federally funded contract.
- D. That the Contractor is in compliance with all of the privacy, electronic transmission, coding and other requirements of the Health Insurance Portability and Accountability Act of 1996 and its implementing rules as may be applicable to the Contractor.
- E. That the Contractor, if receiving federal monies, does not expend federal monies in violation of federal legal authorities prohibiting expenditure of federal funds on lobbying federal and state legislative bodies or for any effort to persuade the public to support or oppose legislation.
- F. That the Contractor, if receiving federal monies, prohibits smoking at any site of federally funded activities that serves youth under the age of 18. This is not applicable to sites funded with Medicaid monies only or to sites used for inpatient drug or alcohol treatment.
- G. That the Contractor, if receiving federal monies, maintains drug free environments at its work sites, providing required notices, undertaking affirmative reporting, et al., as required by federal legal authorities.

- H. That the Contractor manages any real, personal, or intangible property purchased or developed with federal monies in accordance with federal legal authorities.
- I. That the Contractor, if receiving federal monies, is not delinquent in the repayment of any debt owed to a federal entity.
- J. That the Contractor, if expending federal monies for construction purposes or otherwise for property development, complies with federal legal authorities relating to flood insurance, historic properties, relocation assistance for displaced persons, elimination of architectural barriers, metric conversion and environmental impacts.
- K. That the Contractor, if expending federal monies for research purposes, complies with federal legal authorities relating to use of human subjects, animal welfare, bio-safety, misconduct in science and metric conversion.
- L. That the Contractor, if receiving \$100,000 or more in federal monies, complies with all applicable standards and policies relating to energy efficiency which are contained in the state energy plan issued in compliance with the federal Energy Policy and Conservation Act.

The Contractor is obligated during the duration of the contractual relationship to abide by those requirements pertinent to it in accordance with the governing legal authorities.

Not all of these assurances may be pertinent to the Contractor's circumstances. This certification form, however, is standardized for general use and signing it is intended to encompass only provisions applicable to the circumstances of the Contractor in relation to the federal and state monies that are being received.

These assurances are in addition to those stated in the federal OMB 424B (Rev. 7-97) form, known as "**ASSURANCES - NON-CONSTRUCTION PROGRAMS**", issued by the federal Office of Management of the Budget (OMB). Standard Form 424B is an assurances form that must be signed by the Contractor if the Contractor is to be in receipt of federal monies.

There may be program specific assurances, not appearing either in this form or in the OMB Standard Form 424B, that the Contractor may have to provide by certification. This form, along with OMB Standard Form 424B, is to be provided with original signature to the Department's contract liaison. The completed forms are maintained by the Department in the pertinent purchase and contract files.

CONTRACTOR: _____

BY: _____

TITLE: _____

DATE: _____

ASSURANCE

Title II of the Child Abuse Prevention and Treatment Act (CAPTA), Sec. 201, sets forth the purpose and authority for the Community-Based Grants for the Prevention of Child Abuse and Neglect. Under this authority, states shall “develop, operate, expand and enhance community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and/or neglect (through networks where appropriate) that are accessible, effective, culturally appropriate, and build on existing strengths.” ...

Local programs funded under this authority shall use funds for primary and secondary prevention programs and activities only. Families who have been referred to Child and Family Services, who do not have an open or ongoing case, may be served by this funding. Cases where CPS wants to provide prevention services to families that are being investigated but will likely remain intact would also be eligible for services under this authority. These are families that are considered extremely vulnerable or at-risk for abuse and/or neglect of their children.

Families who have an open and ongoing CPS case are not eligible for activities or services under this authority, as intervention has already taken place. Participants may not be placed with the facility or mandated into the program in any way.

By signing and submitting this Assurance to the Child and Family Services Division, the contractor is assuring that it will comply with the requirements stated in Title II of CAPTA. Further, the contractor is assuring that no funds allocated from the CBCAB Grant will be spent on ineligible families.

CONTRACTOR: _____

BY: _____ TITLE: _____

DATE: _____

Further explanation of several of the requirements certified through this form may be found in the Department's standard Request For Proposal (RFP) format document, standard contracting requirements document, and set of standard contract provisions. In addition, detailed explanations of federal requirements may be obtained through the Internet at sites for the federal departments and programs and for Office for Management of the Budget (OMB) and the General Services Administration (GSA).

Address

Phone Number

Federal I. D. Number

ATTACHMENT 6 (Sample Contract)

**MONTANA CHILDREN'S TRUST FUND BOARD
PREVENTION OF CHILD ABUSE AND NEGLECT
CONTRACT NUMBER: 20093CTFSXXX**

This contract is entered into by and between the Montana Children's Trust Fund Board, P. O. Box 8005, Helena, Montana, 59604-8005, (406)444-5903 (hereinafter referred to as the "Board") and *Insert Provider name, address, EIN and phone #* (hereinafter referred to as the "Contractor").

I. EFFECTIVE DATE AND DURATION

The Contractor shall commence performance of this contract on July 1, 2008, and shall complete performance to the satisfaction of the Board no later than June 30, 2009 unless terminated earlier in accordance with the terms of this contract in section XII Termination and pursuant to section 18-4-313, Mont. Code Ann.

The completion date of performance for purposes of issuance of final payment for services is the date upon which the Contractor submits to the Board such final reports as are required under this contract and are satisfactory in form and content as determined by the Board. See Section XIV Reporting Requirements.

II. PURPOSE AND SERVICES TO BE PROVIDED

The Contractor agrees to provide services that will prevent abuse and neglect of Montana's children. Refer to attachment "A" of this contract for details on the services to be provided. Attachment "A" is incorporated into this contract by this reference.

The Contractor understands and agrees that the Contractor's program director or their designated representative will attend the annual grantee training in its entirety.

III. CONSIDERATION

In consideration of the services to be provided under this contract, the Board agrees to pay the Contractor up to the maximum total sum of *insert contract amount*, payable in four to twelve (minimum quarterly) installments within 30 days of the Department receiving a correct, complete invoice:

- A. Invoices will be submitted on the DPHHS-DFS/CTF-001 billing form provided by the Board.
- B. The parties agree that the Contractor's billing shall be subject to audit and adjustment as the Board, in its discretion, determines to be necessary both before and after the Board makes payment of any amount under this agreement.

- C. The Contractor must submit the final billing for this contract within thirty (30) days after the expiration or termination of this contract.
- D. The Contractor agrees to abide by the budget it has established and submitted as part of its project application, which is attached hereto as attachment "A". The funds shall be used as outlined in the budget, and the Contractor agrees that reallocation of funds from one budget category to another shall not equal or exceed ten percent (10%) of the amount of the budget category or \$2,500.00, whichever is lower. In the event that the Contractor adjusts any budget line item ten percent (10%) or more, a budget amendment shall be required. The budget categories are 1) personnel; 2) consultant; 3) telephone; 4) postage; 5) consumable supplies; 6) printing; 7) travel; 8) parent leadership; 9) mandatory reporting training/outreach; 10) other. The funds to be paid by the Board under this agreement shall be used for these budget categories.
- E. The Contractor agrees that, in the event the Contractor receives an erroneous or improper payment under this contract, the Board shall be entitled to recover such payment according to any of the following methods which the Board determines, in its discretion, to be appropriate:
1. Repayment within sixty (60) days of written demand;
 2. Set off against future payments owed by the Board to the Contractor;
 3. Any other means provided by law or this contract.
- F. The Contractor must notify the Board immediately if the Contractor believes it has received an overpayment or other erroneous or improper payment and shall promptly return the full amount of the payment to the Board.
- G. The Board shall withhold payments to the Contractor if the Contractor has not performed in accordance with this contract or **has failed to submit quarterly reports as required** under the terms of this contract.

IV. DUPLICATION OF COST

The Contractor represents and certifies that any charges contemplated and included in its estimate of cost for performance are not duplicative of any charges against any other government contract, subcontract or any other source.

V. AVAILABILITY OF GOVERNMENT FUNDS

The parties agree that if anticipated government funds are reduced or become unavailable at any time during the term of this contract, the Board is not obligated to continue performance of this contract beyond the date the government funds are reduced or become unavailable.

VI. PROPERTY RECORDS, MANAGEMENT AND DISPOSITION

The Contractor agrees to maintain property records for all materials purchased with funds received under this contract which exceeds \$1,000.00 unit in acquisition costs. The records should include: a description of the equipment; a manufacturer's serial number or other identification number; the acquisition data and original cost; the present location, use and condition of the equipment; and the percentage of Board funds used in the acquisition of the property. The property records must also reflect the final disposition of such materials and the Board's approval of such disposition. The property records must be confirmed through a physical inventory at the end of the contract period. The Board retains the right to determine the ultimate disposition of any property purchased with funds received under this contract which exceeds \$1,000.00 in unit acquisition costs.

VII. FINANCIAL RECORDS AND ACCESS TO AND RETENTION OF RECORDS

The Contractor agrees to the following conditions in its performance under this contract:

- A. The Contractor shall not pay more than reasonable market value for goods purchased under this contract.
- B. Any unspent or unobligated funds will be returned to the Board no later than ninety (90) days from the completion date of the contract.
- C. Accounting for funds awarded by this contract:
 - 1. Funds awarded under this contract shall be accounted for separately from monies for any other service program and from any other source.
 - 2. All disbursements must be supported by appropriate original documentation such as an invoice or receipt.
 - 3. Accounting records must be supported by documentation such as paid bills, invoices, payroll journals and other documents as may be necessary.
- D. All program service, administrative, financial, client or other records relating to the performance of this agreement shall be retained by the Contractor for at least three (3) full federal fiscal years following the contract completion date. HIPAA requirements in Section XIX of this contract, CONFIDENTIALITY AND HIPAA REQUIREMENTS, may supersede this provision regarding protected client information.
- E. The United States Department of Health and Human Services, the State of Montana, the Montana Legislative Auditor, the Board, or any of their duly authorized agents or representatives shall have the right of access to any books, documents, papers and records of the Contractor which are pertinent to the services provided under this agreement or any amendment thereto in order to make audit examination, excerpts and transcripts. The United States Department of Health and Human Services, the State of Montana, the Montana Legislative

- Auditor, the Board, or any of their duly authorized agents or representatives shall, until the expiration of three (3) full federal fiscal years from the completion date, have the right to review those books, records, documents, papers and other supporting data which involve transactions related to this grant or which will permit adequate evaluation of the cost or pricing data submitted, along with the computations and projections used therein.
- F. The Contractor must comply with the accounting and audit requirements of Federal Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations" and the provisions of OMB Circular A-122, "Cost Principles for Non-Profit Institutions" concerning the use of the funds provided under this contract.

VIII. PUBLICITY AND OWNERSHIP AND PUBLICATION OF MATERIALS

- A. All public notices, information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this contract, prepared and released by the Contractor, **must include the statement:**
- "This project is funded (in part) under a contract with the Montana Children's Trust Fund Board. The statements herein do not necessarily reflect the opinion of the Board."**
- B. As provided in Section 507 of H.R. 3424, appropriating monies from the Departments of Labor, Health and Human Services and Education, as enacted through Division B of H.R. 3194, "The Consolidated Appropriations Act of 1999", Pub. L. No. 106-113, and as may be provided by congressional continuing resolutions or further budgetary enactments, all statements, press releases and other documents or media pieces made available to the public describing the services provided through this contract, funded in part or in whole with federally appropriated monies received through the programs of the federal Department of Health and Human Services, Education or Labor must state the percentage and the monetary amount of the total program or project costs funded with federal monies and the percentage and the monetary amount of the total costs funded with non-governmental monies.
- C. All statements, press releases, and other documents or media pieces made available to the public describing the services provided with monies received through this contract must be included with quarterly reports to the Grant Manager.
- D. The Board, the Montana State Department of Public Health and Human Services and the U.S. Department of Health and Human Services shall have a royalty free, nonexclusive, and irrevocable right to reproduce, publish or otherwise use and authorize others to use, for Board purposes, any material developed under this contract. All data, diagrams, drafts and any other type of printed material developed under this agreement are the property of the Board.

IX. COMPLIANCE WITH LABOR LAWS

- A. The Contractor assures the Board that the Contractor is an independent contractor providing services for the Board and that neither the Contractor nor any of the Contractor's employees are employees of the Board under the contract or any subsequent amendment.
- B. The Contractor must maintain coverage for the Contractor and the Contractor's employees through workers' compensation, occupational disease and any similar or related statutorily required insurance program. The Contractor must provide the Board with proof of necessary insurance coverage.
- C. If the Contractor has received, for workers' compensation purposes, an independent contractor exemption, the Contractor must provide the Board with a copy of the exemption.
- D. The Contractor is solely responsible for and must meet all labor, health, safety and other legal requirements, including payment of all applicable taxes, premiums, deductions, withholdings, overtime and other amounts, which may be legally required with respect to the Contractor and any persons providing services on behalf of the Contractor under the contract.
- E. The provision of the contract regarding indemnification applies with respect to any and all claims, obligations, liabilities, cost, attorney fees, losses or suits occurring or resulting from the Contractor's failure to comply with this section, or from any finding by any legal authority that any person providing services on behalf of the Contractor under the contract is an employee of the Board.

X. MODIFICATION

This contract may not be enlarged, modified or altered except by written amendment. This contract contains the entire agreement between the parties, and no statements, promises or inducements made by either party or agents of either party that are not contained in this contract shall be valid or binding.

XI. INDEMNIFICATION

- A. The Contractor must indemnify, defend, and hold harmless the Board, its officials, agents and employees from any breach of the contract by the Contractor, from any matters arising from the performance of the contract, or from the Contractor's failure to comply with any federal, state and local laws, regulations and ordinances applicable to the services or work to be provided under the contract.
- B. This indemnification applies to all claims, obligations, liabilities, costs, attorney's fees, losses or suits resulting from any acts, errors, omissions or negligence,

whether willful or not, of the Contractor, its employees, agents, subcontractors or assignees and any other person, firm or corporation performing work, services or providing materials under the contract.

XII. TERMINATION

- A. This contract may be canceled or terminated by either of the parties without cause; however, the party seeking to terminate or cancel this contract must give written notice of its intention to do so to the other party at least thirty (30) days prior to the effective date of cancellation or termination.
- B. If the Contractor fails to provide services called for by the contract, or to provide such services within the time specified herein or any extension thereof, the Board may, by written notice of default to the Contractor, immediately terminate the whole or any part of this contract.
- C. The Board may, upon finding that the Contractor is not in compliance with any law or regulation, or applicable licensure and certification requirement, terminate this contract upon written notice to the Contractor.

XIII. CIVIL RIGHTS

- A. Federal and State Authorities

The Contractor must comply with the Montana Human Rights Act (49-2-101, et seq., Mont. Code Ann.), Governmental Code of Fair Practices (49-3-101, et seq., Mont. Code Ann.), the Civil Rights Act of 1964 (42 U.S.C. 2000d, et seq.), the Age Discrimination Act of 1975 (42 U.S.C. 6101, et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), and the Americans with Disabilities Act of 1990 (42 U.S.C. 12101, et seq.).

- B. Discrimination

The Contractor, as provided at Section 49-3-207, Mont. Code Ann., may not discriminate in any manner against any person on the basis of race, color, religion, creed, political ideas, sex, age, marital status, physical or mental disability or national origin.

- C. Employment

The Contractor, as provided at Section 49-3-207, Mont. Code Ann., must hire persons on the basis of merit and qualifications directly related to the requirements of the particular position being filled.

The Contractor, in accordance with Federal Executive Orders 11246 and 11375 and 41 CFR Part 60, must provide for equal employment opportunities in its employment practices.

XIV. REPORTING REQUIREMENTS

- A. The Contractor agrees to prepare a Quarterly Narrative Report due on the dates specified in paragraph B of this section. An Annual Report is due no later than July 31 or 30 days following the close of the program year (June 30). Reports will comply with the format developed by the Board.
- B. No later than 30 days following the close of each quarter: **September 31; December 31; March 31 and June 30**, the Contractor will submit Montana Children's Trust Fund quarterly reports, by mail to: Robin Suzor at the address in paragraph C of this section. The Contractor will also condense the data into a reporting format to be included in the Quarterly and Annual Reports.
- C. The Contractor agrees to comply with all requirements of the Peer Review Process conducted annually. The final reports will be due to Robin Suzor, DPHHS, Child and Family Services Division, P. O. Box 8005, Helena, Montana, 59604-8005, on a date to be agreed upon by the parties to the contract.

XV. POLITICAL ACTIVITIES

The Contractor agrees that expenditure of funds under the terms and conditions set forth in this contract shall not be used:

- A. For political activities by the Contractor and/or employees or representatives of the Contractor;
- B. For any activities by the Contractor and/or employees or representatives of the Contractor to provide voters and prospective voters with transportation to the polls, or provide similar assistance in connection with an election or any voter registration activity;

The Contractor shall cooperate with any investigation undertaken regarding the expenditure of funds for political activities.

XVI. LIAISONS

Robin Suzor, (406)444-5903, will be the liaison for the Board for program and financial matters.

Insert Contractor liaison information, will be the liaison for the Contractor.

These representatives of the parties will be the first contact regarding any questions and problems which arise in implementing this contract.

XVII. SEVERABILITY

It is understood and agreed by the parties hereto that if any term or provision of this contract is held to be illegal, void or in conflict with any Montana law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the particular term or provision held to be invalid.

XVIII. NOTICE

Any notices under this agreement must be in writing and submitted to the parties hereto.

XIX. CONFIDENTIALITY AND HIPAA REQUIREMENTS

- A. The Contractor must, during and after the term of this contract, protect confidential consumer and recipient information obtained and used in the performance of contractual duties and responsibilities under this contract in accordance with applicable legal and policy authorities.
- B. All material and information containing consumer and recipient personal information provided to the Contractor by the Department or the Board or acquired by the Contractor on behalf of the Department or the Board, whether verbal, written, magnetic media, or in other forms, is to be regarded as confidential information and may only be used or disseminated by the Contractor, its subcontractors or agents for the purposes allowed for under this contract and any governing legal and policy authorities.
- C. The Contractor, in relation to individually identifiable health information, must comply with the privacy requirement of the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the regulations implementing that requirement at 45 CFR Part 160 and Subparts A and E of Part 164 as they may be applicable to the Contractor and the services provided through this contract. Attachments "B" and "C" to this contract, incorporated into this contract by this reference, provide information as to where the Contractor may access the relevant HIPAA legal authorities and the interpretative direction provided by the federal government. The Department of Public Health and Human Services (Department) Certification Form, signed by the Contractor, provides for the Contractor's certification of its determination as to whether it is legally subject to the HIPAA privacy requirements and, if subject to HIPAA, certification of its determination that it is fully in compliance with HIPAA.
- D. The Contractor must notify the Department and the Board in writing within 5 work days in the event that 1) a complaint is lodged with the Office of Civil Rights of the Department of Health and Human Services alleging that the Contractor is not in compliance with HIPAA, 2) the Office of Civil Rights of the

Department of Health and Human Services determines that the Contractor is not in compliance with HIPAA, or 3) an administrative action or litigation is initiated against the Contractor based on any legal authority pertaining to the protection of confidential information. The Contractor must provide with any notice, a copy of the relevant administrative complaint, determination or legal complaint.

- E. Failure of the Contractor to be in compliance with this provision, the Department's policies protecting confidential information, or federal and state legal authorities, inclusive of HIPAA, governing the protection of confidential information, is cause for termination of this contract by the Board.

XX. VENUE AND JURISDICTION

The parties agree that this contract shall be governed and interpreted according to the laws of the State of Montana. In the event of a dispute arising under this contract, pursuant to Montana Code Ann., Section 18-1-401, jurisdiction is in State District Court and proper venue shall be in the First Judicial District in and for the County of Lewis and Clark, State of Montana.

XXI. ASSIGNMENT, TRANSFER AND SUBCONTRACTING

- A. The Contractor agrees not to enter into subcontracts for any of the work contemplated under this contract without prior written approval of the Board. The Contractor further agrees not to assign or transfer any work contemplated under this contract without prior written approval by the Board.
- B. All subcontracts for services provided under this contract shall incorporate the provisions of this contract and the laws, rules and regulations governing this contract. The Contractor shall:
 - 1. Bear full responsibility for performance under all subcontracts;
 - 2. Forward signed copies of all subcontracts to the Board; and
 - 3. Retain signed copies of all subcontracts.

XXII. FEDERAL REQUIREMENTS

- A. Generally
 - 1. The Contractor, in addition to the federal requirements specified in this contract and any attachments to this contract, must comply with the applicable federal requirements and assurances for recipients of federal grants provided in the federal OMB 424B (Rev. 7-97) form, known as "ASSURANCES - NON-CONSTRUCTION PROGRAMS", and in the Department's "CERTIFICATION OF COMPLIANCE WITH CERTAIN REQUIREMENTS FOR DEPARTMENT OF PUBLIC HEALTH &

HUMAN SERVICES CONTRACTORS (DECEMBER 2006)". Copies of the forms are available from the Department. Those assurance documents must be signed by the Contractor and submitted to the Department prior to or at the signing of this contract.

2. The Contractor must ensure compliance of its subcontractors with the applicable federal requirements and assurances.

B. Political and Lobbying Activities

1. Federal monies received by the Contractor under the terms of this contract may not be used for any political activities by the Contractor, its employees or agents except as expressly permitted by state and federal law.
2. As required by 31 U.S.C. 1352 and 45 CFR 93.100 et seq., federally appropriated monies may not be used to influence or attempt to influence an officer or employee of any agency, a member of the U.S. Congress, an officer or employee of the U.S. Congress or an employee of a member of the U.S. Congress, in connection with the awarding of any federal contract, grant or loan, the making of any cooperative agreement or the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.
3. If any funds other than federally appropriated funds are paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of the U.S. Congress, an officer or employee of the U.S. Congress or an employee of a member of the U.S. Congress in connection with this contract, the Contractor must complete and submit to the Department the federally required form, "STANDARD FORM LLL".
4. Federally appropriated monies received through the programs of the federal Departments of Health & Human Services, Education or Labor, as provided in Section 503 of the Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations Act, 1997, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, Sections 101(e), Pub. L. No. 104-208, and as may be provided by congressional continuing resolutions or further budgetary enactments, may not be used:
 - a. To fund publicity or propaganda, or for the preparation, distribution or use of any kit, pamphlet, booklet, publication, radio, television or video presentation designed to support or defeat legislation pending before the U.S. Congress or a state legislature, except in presentation to the U.S. Congress or a state or local legislative body, other than for normal and recognized executive-legislative relationships.
 - b. To pay the salary or expenses of any grant or contract recipient, or agent acting for the recipient, related to any activity designed to

influence legislation or appropriations pending before the U.S. Congress or a state or local legislative body.

5. The Contractor must cooperate with any investigation undertaken regarding the expenditure of funds for political or lobbying activities.
6. The Contractor must ensure the compliance of any subcontractors with these restrictions and any related reporting requirements.

C. Federal Debarment Prohibition

1. The Department, in accordance with The Federal Acquisition Streamlining Act of 1994, P.L. 103-355, and Executive Orders #12549 and #12689, is prohibited from contracting with any entity that is debarred, suspended, or otherwise excluded from participating in procurement activities funded with federal monies. This prohibition also extends to contracting with an entity that has a director, officer, partner, person with beneficial ownership of more than 5 percent of the entity's equity, employee, consultant, or person otherwise providing items and services that are significant and material to the entity's obligations under its contract with the Board if that person has been debarred, suspended or otherwise excluded from participating in procurement activities funded with federal monies.
2. If the Board or the Department finds that the Contractor is not in compliance with subsection (1), the Board or the Department;
 - a. Must notify the federal government;
 - b. May continue this contract unless the Secretary of the federal Department of Health and Human Services directs otherwise; and
 - c. May only renew or otherwise extend the duration of the existing contract with the Contractor if the federal government provides to the Board, the Department and to Congress a written statement describing compelling reasons that exist for renewing or extending this contract.

XXIII. MANDATORY REPORTING

The Contractor agrees to maintain policy notifying all of the Contractor's employees that when they know or have reasonable cause to suspect that a child is abused or neglected, the employee is personally required to report the matter promptly to the Department of Public Health and Human Services, Child and Family Services Division pursuant to Mont. Code Ann., Section 41-3-201. The policy will instruct employees to report child abuse and neglect allegations to the Department's Central Intake Bureau, toll-free number 1-866-820-5437.

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The Contractor agrees to notify each current employee prior to the beginning of this contract, notify newly hired employees within the first week of employment, and document each notification with the dated signature of the employee.

XXIV. EXECUTION

- A. This agreement consists of 13 pages and attachments. The original will be retained by the Montana Department of Public Health and Human Services, Child and Family Services Division, on behalf of the Board. A copy of the original has the same force and effect for all purposes as the original.
- B. To express the parties' intent to be bound by the terms of this contract, they have executed this document on the dates set out below:

MONTANA CHILDREN'S TRUST FUND BOARD

Betty Hidalgo

Date

STATEMENT OF ACCEPTANCE

As the duly authorized representative of the Contractor, I hereby signify acceptance of the above described grant in the terms and conditions set forth above.

INSERT CONTRACTOR NAME

By: _____

Date

Title:

Draft Logic Model

Program Name: Draft Family Resource Center

Program Vision: we will address the entire family issues, identify strengths, and offer services in order to prevent child abuse and neglect.

Population Served: Expectant mothers, young mothers in school at-risk for dropping out and those who have dropped out, mothers with young children, parents struggling financially in an economically depressed area. Primary focus is on Draft County with a population of 19,074.

Population Needs to be Addressed by Services: Parents have limited access to parenting resources or services in the Draft community for help improving their relationships with their children or to find help with parenting problems. The County exceeds the average in unemployment, percent of families living in poverty, teen birthrate; percent of low birth weight infants, and infant mortality rates.

| Services | Resources | Outcomes | Indicators |
|--|--|--|--|
| Parent education and family support programs with the Parents as Teachers Program (PAT). This program provides quality resources, along with resources for outcomes measurement designed to help local programs provide evidence of their quality and effectiveness. We will offer programs and services to strengthen families through facilitated parent education and support groups. We will provide information on early brain development to families. | Parent group facilitator, facilitator training in the use of curriculum, meeting space, supplies and equipment for child enrichment activities, child care, food for snacks, transportation for parents, etc | Participants understand how to foster their children's optimal developmental achievement. | <ul style="list-style-type: none"> Participants identify developmentally appropriate activities and materials appropriate for fostering cognitive development. Participants identify developmentally appropriate activities and materials appropriate for fostering physical development. Participants identify developmentally appropriate activities and materials appropriate for language and literacy development. Participants provide developmentally appropriate activities that foster social/emotional development. Participants correctly identify their children's verbal and nonverbal cues. Participants correctly identify appropriate responses to their children's verbal and nonverbal cues. |
| | | Participants understand the nature of parent/child attachments (bonding). | <ul style="list-style-type: none"> Participants demonstrate knowledge of the characteristics of a healthy parent-child attachment. Participants demonstrate knowledge of how healthy parent-child attachments can be developed and maintained. Participants demonstrate knowledge of the benefits to children of a healthy attachment. Participants demonstrate knowledge of the conditions that jeopardize the formation and/or maintenance of healthy attachments. Participants demonstrate knowledge of the risks associated with unhealthy parent/child attachments. |
| | | Participants understand the need for and know how to foster optimal cognitive, academic, and literacy development. | <ul style="list-style-type: none"> Participants demonstrate knowledge of the cognitive/educational and literacy milestones of children. Participants identify developmentally appropriate materials and activities they can provide their children to encourage optimal learning. Participants demonstrate knowledge of the importance of routinely spending time positively interacting with their children and how that time contributes to their children's cognitive/educational/literacy achievement. |

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| | | Participants apply knowledge of child development in selecting activities for their children. | <ul style="list-style-type: none"> • Participants demonstrate knowledge of which developmental milestones their children have achieved. • Participants demonstrate knowledge of their children's emerging developmental stages and plan activities accordingly. • Participants provide opportunities, encouragement, and support for their children to develop daily living skills when it is developmentally appropriate to do so. • Participants provide opportunities, encouragement, and support for their children to develop and exercise social skills such as sharing, playing games involving rules, and delaying gratification when it is developmentally appropriate to do so. • Participants access reference materials and other information on child development as needed. • Parents do not use punishments, humiliation, or harsh criticism towards their children when they do not meet the parents' expectations for developmental achievement. |
| | | Participants practice appropriate and effective strategies for mediating their children's challenging behaviors. | <ul style="list-style-type: none"> • Participants practice appropriate and effective methods for encouraging their children's positive behaviors. • Participants practice appropriate, effective, and non-abusive methods of discouraging their children's negative behaviors. • Participants seek outside help with their children's behaviors when needed. |
| | | Participants know the importance of having a mutual support network of friends, family, and neighbors. | <ul style="list-style-type: none"> • Participants demonstrate knowledge of how reliable, safe, and appropriate friends, family members, and neighbors can provide their families with support when they need it. • Participants demonstrate knowledge of how they can assist friends, family, and neighbors with support when they need it. |
| | | Participants know the importance of supervision and how to monitor their children. | <ul style="list-style-type: none"> • Participants demonstrate knowledge of the importance of monitoring and supervising their children from infancy through adolescence. • Participants demonstrate knowledge of appropriate methods to monitor and supervise according to the children's ages, individual needs, and behaviors and the resources available to the parents. • Participants demonstrate knowledge of when it is reasonable to give a child additional responsibilities and liberties. |
| | | Participants understand typical development. | <ul style="list-style-type: none"> • Participants identify developmental milestones and the age range when the milestones generally occur. • Participants identify developmental "red flags" that may indicate a need for developmental assessment. • Participants demonstrate knowledge of when it is reasonable to expect children to perform daily tasks such as dressing, feeding, and using the toilet unassisted. • Participants demonstrate knowledge of when it is reasonable to expect children to develop and exercise social skills such as sharing, playing games with rules, and delaying gratification. • Participants demonstrate knowledge of how to access information on typical development. |

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| | | Participants foster optimal cognitive, academic, and literacy development. | <ul style="list-style-type: none"> • Participants demonstrate knowledge of their children's cognitive/educational/literacy achievements and emerging skills. • Participants provide developmentally appropriate materials, activities, and parental support to encourage optimal learning. • Participants routinely spend time interacting positively with their children. • Participants read developmentally appropriate materials to their children. |
| | | Participants understand typical infant development. | <ul style="list-style-type: none"> • Participants demonstrate knowledge of typical developmental sequences for infants. • Participants demonstrate knowledge of the developmental "red flags" that indicate a need for further assessment. • Participants demonstrate knowledge of healthy brain development (brain architecture). |
| | | Participants have a mutual support network of friends, family, and neighbors that they use for support and assistance as needed. | <ul style="list-style-type: none"> • Participants ask reliable, safe, and appropriate friends, family members, and neighbors for support and assistance when needed. |

**** Service Assumptions:** The program will improve the capacity of families to support, nurture, and guide their children. The families will learn the importance of raising children in a warm, trusting and caring household.

LOGIC MODEL DEFINITIONS & EXAMPLES

Vision

- A participant focused, broad statement of well-being
 - ✓ Parents knowledgeable in positive discipline
 - ✓ Families know where to connect to resources

Population Served – Participants

- Description of the population you serve
 - ✓ Parents with children birth to six

Population Needs to be Addressed by Services?

- Participants needs that this program intends to address?
 - ✓ Parents need to know stages of child development & positive discipline tools

Services

- What services will you provide?
 - ✓ Parenting classes offered weekly for six weeks

Assumptions

- What research and/or logic support your efforts?
 - ✓ Parenting classes have been shown to increase knowledge of child development & positive discipline tools – cite research if available

Resources – based on the services you identify

- What resources do you need to carry out these services?
 - ✓ Money, space, staff, materials, curriculum, office support, etc.

Outcomes

- If you conduct your program's activities, and succeed with participants, what do they believe, know, have or do as a result?
- What one or two changes do you believe will occur in the lives of your program's participants as a result of your services?
- Outcome statements are written by determining who will do what.
 - ✓ Parents utilize positive discipline tools to work with their children

Indicators

- What would I see, hear or read that would tell me the outcome was being achieved?
 - ✓ Parents clearly express their expectations
 - ✓ Parent use positive discipline techniques when their rules are broken

Measurement Tools

- What form of measurement will you use to measure your indicators?
 - ✓ (A scale, survey, checks list, questionnaire, or other measurement tool)

For additional information please see Friends National Resource Center:

<http://www.friendsnrc.org/outcome/toolkit/index.htm>